



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: 11 Dawson			District: 0206 Glendive Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
1	2233	No	Ree, Amy		5.05	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
11 Dawson		0207 Dawson H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
CO	2215	Yes	Adams, Marcy & Tim	2.90	_____
CO	2216	No	Atwell, Susan J	3.75	_____
CO	2217	No	Barnick, Sandy	4.50	_____
CO	2218	No	Basta, Dee	9.25	_____
CO	2219	No	DeKaye, Daryl	2.50	_____
CO	2220	No	Edwards, Beverly	9.25	_____
CO	2221	No	Goebel, Laurie	11.00	_____
CO	2222	No	Kreiman, Angie & Gary	9.25	_____
CO	2223	No	Kubesh, Mary	6.75	_____
CO	2224	No	Ollerman, Joleen	1.00	_____
CO	2225	No	Phalen, Connie J	9.25	_____
CO	2226	Yes	Rahr, Kimberly	1.30	_____
CO	2227	No	Rosendale, Jean F	12.00	_____
CO	2228	No	Scheitlin, Amy	9.25	_____
CO	2229	No	Stortz, Ted & Tarena	9.25	_____
CO	2230	No	Wade, Teresa L	1.50	_____
CO	2231	Yes	Whiteaker, Jackie	2.00	_____
CO	2232	Yes	Wittmayer, Mary Lynn	0.62	_____
CO	2462	No	Burgduff, Alice	1.50	_____
CO	2486	No	Basta, Dee	6.50	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 11 Dawson			District: 0215 Bloomfield Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
30	2305	No	Greiman, Cynthia	4.50	_____
30	2306	No	Berube, Virginia	5.10	_____
30	2307	No	Walker, Julie & Shawn	23.25	_____
30	2308	No	Zimdars, Mary B	3.00	_____
30	2309	No	Fatzinger, Tom	1.10	_____
30	2310	No	Murray, Kandy	6.00	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County:		District:		District Level:	
11 Dawson		0216 Lindsay Elem		Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
367	2232	Yes	Wittmayer, Mary Lynn	0.63	_____
367	2245	No	Basta, Dee	2.50	_____
367	2246	No	Brody, Willima & Diane	4.00	_____
367	2247	No	Edwards, Susan	3.50	_____
367	2248	No	Kreiman, Gary & Angie	3.50	_____
367	2249	No	Lee, Judy R	7.00	_____
367	2250	No	Nagle, Mary	3.50	_____
367	2251	No	Scheitlin, Amy	3.50	_____
367	2252	No	Schroeber, Tristy	1.75	_____
367	2253	No	Stortz, Ted & Tarena	3.50	_____
367	2254	No	Van Horn, Della	1.50	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County: 11 Dawson		District: 0227 Richey Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
78J	2351	Yes	Johnston, Marlin & Aurilla	0.25	_____
78J	2352	Yes	Olson, Tammy & Orlan	0.38	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees			
County: 11 Dawson		District: 0228 Richey H S		District Level: High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	2351	Yes	Johnston, Marlin & Aurilla	0.25	_____
2	2352	Yes	Olson, Tammy & Orlan	0.37	_____
2	2353	No	Veverka, Larry	3.00	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
11 Dawson			1193 Deer Creek Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	2215	Yes	Adams, Marcy & Tim	2.90	_____
3	2226	Yes	Rahr, Kimberly	1.30	_____
3	2231	Yes	Whiteaker, Jackie	2.00	_____
3	2234	No	Cleek, Skip & Michelle	2.80	_____
3	2235	No	Doane, Karen	4.50	_____
3	2236	No	Erhart, Peggy	0.35	_____
3	2237	No	Ferguson, Lois	0.35	_____
3	2238	No	Frohlich, Karla	2.30	_____
3	2239	No	Gentry, Hallee	2.50	_____
3	2240	No	Newton, Laurene	1.10	_____
3	2241	No	Sharbono, Dan & Gayle	3.00	_____
3	2242	No	Sharbono, Dan & Gayle	0.50	_____
3	2243	No	Temple, Vickie	3.00	_____
3	2244	No	Whitaker, Jackie	1.00	_____